



# WISCONSIN LEGISLATURE

P. O. Box 7882 Madison, WI 53707-7882

VIA EMAIL

April 22, 2020

Governor Tony Evers  
115 East, State Capitol  
Madison, WI 53707

Dear Governor Evers,

Last week, one of our colleagues sent you a letter with a series of questions about the “science” you have repeatedly said you are following in your response to the Coronavirus pandemic. To date, he has not received a response, although he did not ask for one prior to Friday.

Since that letter was sent, you have changed some of your public positions and created turmoil with others. Wisconsinites are confused. Some are scared, some are angry, and some just want to know the truth about what is happening in the state. They can handle the truth.

Wisconsinites aren’t interested in political blame “games” and neither are we. They want to know the method to the madness. They want to know the “science” that is being used to make decisions. We share their frustration. To date, they, and we, have received nothing but the word “science” for an explanation of your decisions. But “science” isn’t just a word. It is facts, data, evidence, and best practices.

The following questions are not political. They are not partisan. They are not “trap” or “gotcha” questions. We are asking them in good faith to greater understand your decisions. We ask, and the people of Wisconsin expect, that you answer them in the same good faith manner in which they are asked using the facts, data, evidence and best practices, the “science” you used in making your decisions.

- 1- How many people in Wisconsin that tested positive for the disease no longer test positive for the disease? That is to say, how many people have “recovered”, according to testing results?**

DHS does not recommend testing to confirm “recovered” cases in order to reserve scarce testing resources to confirm positive cases and better understand the spread of the virus. In general, DHS advises that an individual can cease quarantine when they are free of fever (>100.4°F) AND/OR respiratory symptoms (for example, cough, shortness of breath) for at least three days (72 hours) without the use of fever-reducing medicine; AND seven days have passed since symptoms first appeared.

DHS has been working on a way to better assess estimated recovery rates absent available testing and this information is now on the DHS [website](#).

***SUMMARY – THE STATE IS NOT TRACKING RECOVERED PATIENTS TO PRESERVE TESTING RESOURCES. NOTE – SINCE GOVERNOR’S RESPONSE, THE STATE HAS RELEASED RECOVERY DATA.***

- 2- When putting in place your order for the initial four weeks, it was explained that this time period was chosen for the purpose of preventing the disease’s spread for two, 2-week, incubation periods. What in the science of the disease has changed that now recommends four-and-a-half, 2-week, incubation periods?**

The DHS Secretary and I used multiple sources of information to determine that an extension of the Safer at Home order was necessary. Most compelling was a report co-authored by the Department of Health Services Office of Health Informatics and Johns Hopkins University.

This report identified five important results:

- Safer at Home is working. The Johns Hopkins Infectious Disease Dynamics (JHU-IDD) methods suggest that, without the Safer at Home interventions, Wisconsin would experience at least three-fold excess deaths and a six-fold higher number of patients needing beds than Wisconsin hospitals can provide.
- The timing of a substantial late peak will be determined by the lifting of the Safer-At-Home order and comprehensive testing. Three scenarios (1 month, 2 months, 3 months) for lifting Safer at Home reveal a similarly-shaped and substantial peak that would dramatically overflow hospital resources.
- The intervention scenarios suggest that we should think of our outbreak in terms of two plans: a plan for acute challenges to hospital capacity and a plan to suppress or mitigate a second wave.
- The outbreak will strain Wisconsin hospital capacity during the summer months in the absence of Safer at Home.
- With comprehensive testing and isolation, the magnitude of the number of cases in Wisconsin will be below the threshold of hospital capacity.

***SUMMARY – SAFER AT HOME MAY LAST THROUGH THE SUMMER. NO MATTER THE LENGTH OF SAFER AT HOME, THE SAME RESULT A “SIMILARLY SHAPED AND SUBSTANTIAL PEAK” WILL OCCUR AT SOME POINT.***

- 3- You have extended “Safer at Home” until May 26, 2020. What evidence do you have that a 9-week quarantine order will decrease the infection and death rate from COVID-19?**
  
- 4- You extended your “Safer at Home” order only 3-weeks into its initial period. Given that the initial order was not concluded before your extension, the data from the initial order is incomplete. How did you conclude from incomplete data that the quarantine must be more than doubled?**

As noted above, the extension of Safer at Home was based on modeling demonstrating what would happen if we lifted the order. We know that when businesses start to re-open, and when people start living their normal lives again, the virus will spread. We don't have any tools right now to make the virus less contagious. We would normally prevent viral transmission with vaccines – but we do not have a vaccine. We would normally treat illness caused by a virus with medication – but there is no medication proven to treat COVID. So, Safer at Home is about using physical distancing to stop the spread while we buy time to get prepared. Our preparations include:

- Supporting hospitals to adjust their capacity and convert their physical layout so that they can have more beds and safe ways to isolate patients. We're also supporting long-term facilities to help protect their residents.
- Standing up our rapid incidence response team who are activated when there are large outbreaks. We have seen some outbreaks in meat-packing facilities, long term care facilities, and jails, and we've worked quickly to support those facilities to stop further spread.
- Creating alternate care facilities – AKA field hospitals – so that when life goes back to normal for most Wisconsinites, there will be enough hospital beds to take care of those with COVID symptoms that we can treat at these alternative facilities. There's enough hospital beds now because we've flattened the curve and we've contained the people, which limits the spread of the virus, and means there's not as many sick people as there would have otherwise been.
- Rapidly increasing testing. Wisconsin must increase testing in order to identify more positive cases and the extent of the spread so we can quickly isolate individuals and the people with whom they've been in contact. If we can do this really well, we won't have to ask everyone to isolate – only those who have the virus and their close

contacts. In addition to the work the State Lab has done to quadruple it's capacity in the last month, our public/private partnerships with Marshfield Clinic and Exact Science we are substantially increasing our capacity and supplies to test in both rural and urban settings.

- We are adding capacity to supercharge our contact tracing efforts. Contact tracing is about finding all of the people that were in contact with the positive case, notifying them, and providing them instructions for isolating.

- And, as always, we are working to secure – through purchases, donations, and working with manufacturers – and distribute PPE to health care workers who need it.

***SUMMARY –QUESTION NOT DIRECTLY ANSWERED. EVERS SAYS HE USED MODELING ABOUT WHAT WOULD HAPPEN IF SAFER AT HOME WAS LIFTED. EVERS ADMITS WE HAVE “FLATTENED THE CURVE”.<sup>1</sup> INSTEAD, HE ANSWERS THE QUESTION WITH STEPS BEING TAKEN TO MANAGE PEAK WHEN IT COMES.***

**5- What are the specific criteria used to determine if someone has died specifically because of COVID-19, as opposed to an underlying health condition?**

COVID-19 deaths are reported to public health by health care providers and medical examiners/coroners who make those determinations.

***SUMMARY – THE STATE DOES NOT HAVE SPECIFIC CRITERIA TO DETERMINE IF A DEATH IS CAUSED BY COVID-19, OR AN UNDERLYING CONDITION. IT IS UP TO HEALTH CARE PROVIDERS AND MEDICAL EXAMINERS TO DETERMINE A CAUSE OF DEATH.***

**6- How many people have required hospitalization specifically for COVID-19 and not underlying health conditions and how many have required treatment in ICUs or with ventilators? What is the current (as of the day of your response) number of people a) hospitalized, b) in ICU, and c) on ventilators in Wisconsin? What percentage of Wisconsin's health care capacity does that represent?**

As of April 21, 2020, there have been 1,252 individuals who have required hospitalizations due to COVID-19. Currently, there are 358 COVID-19 patients hospitalized with 137 in ICU. 320 patients in Wisconsin are currently receiving mechanical ventilation for COVID-19

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<sup>1</sup> . “There's enough hospital beds now because we've flattened the curve and we've contained the people”

or other conditions. Underlying health conditions can make COVID-19 symptoms worse & more dangerous to one's overall health.

***SUMMARY – TOTAL HOSPITALIZED – 1,252; CURRENT HOSPITALIZED 358 HOSPITALIZED; 137 CURRENTLY IN INTENSIVE CARE UNIT, 320 CURRENTLY USING VENTILATORS***

**7- The state is not tracking active vs. recovered cases. Why not? Wouldn't this information be beneficial in making decisions about reopening Wisconsin?"**

DHS does not recommend testing to confirm "recovered" cases in order to reserve scarce testing resources to confirm positive cases and better understand the spread of the virus. In general, DHS advises that an individual can cease quarantine when they are free of fever (>100.4°F) AND/OR respiratory symptoms (for example, cough, shortness of breath) for at least three days (72 hours) without the use of fever-reducing medicine; AND seven days have passed since symptoms first appeared. DHS has been working on a way to better assess estimated recovery rates absent available testing and this information is now on the DHS website.

***SUMMARY – THE STATE IS NOT TRACKING RECOVERED PATIENTS TO PRESERVE TESTING RESOURCES. NOTE – SINCE THE GOVERNOR'S RESPONSE, THE STATE HAS RELEASED RECOVERY DATA.***

**8- Why does Wisconsin's "Safer at Home" order last longer than all but Virginia's? Similarly, why does every other Midwestern state, neighboring state and "partnering" state lift their "Safer at Home" order 3-4 weeks prior to Wisconsin?**

**9- On Thursday you announced you were partnering with Ohio, Michigan, Indiana, Illinois, Kentucky and Minnesota to reopen Wisconsin's economy, yet every one of those states lifts their "Safer at Home" order prior to Wisconsin, and none have released a reopening plan. Is Wisconsin partnering with these other states or not?**

The Midwest Governors partnership has agreed to work with experts and taking a fact-based, data-driven approach to reopening our economy in a way that protect families from the spread of COVID-19. We are all committed to sustained control of the rate of new infections and hospitalizations, enhanced ability to test and trace, sufficient health care capacity to handle resurgence, and best practices for social distancing in the workplace. That is exactly why we extended our safer

at home order, and announced the Badger Bounce Back plan. Our partnership doesn't mean each of our state's economies will reopen all at once, or that each state will open up in exactly the same way. We are focused on coordination and working together to look at this in a regional lens.

***SUMMARY – NO ANSWER AS TO WHY SAFER AT HOME LAST LONGER IN WISCONSIN THAN IN OTHER STATES. WHILE THE GOVERNORS AGREED TO “PARTNER” THERE IS NO COORDINATION IN REOPENING EACH STATE’S SOCIETY. IT IS A “PARTNERSHIP” IN NAME ONLY.***

**10- Your extended “Safer at Home” order expires on May 26, 2020, yet you cancelled school for the remainder of the school year, which is generally the first or second week on June. Why did you cancel school for an additional 2-3 weeks following the expiration of the Safer at Home order? Why is it safe for people to “start going back to normal” on May 26, but not safe for children to go to school until September? Again, please use science and data in your answer.**

Cancelling school for the remainder of the year is based on research related to influenza [here](#). “Overall, longer pre-emptive school dismissals (≥4 weeks) implemented simultaneously on a wider geographic scale (e.g., county level or wider) are most impactful in mitigating an influenza pandemic in its early stages, while awaiting the production and distribution of a pandemic vaccine.”

***SUMMARY – NO ANSWER. WE ARE TREATING THIS LIKE AN INFLUENZA PANDEMIC FOR SCHOOL PURPOSES WHILE WE WAIT FOR A VACCINE.***

**11- Similarly, while Emergency Order #28 closes schools for the remainder of the 2019-2020 school year, your Badger Bounce Back plan (Emergency Order #31) says that schools may reopen during Phase 2 of your plan. Which one is correct?**

It is unlikely that K-12 schools will be allowed to reopen prior to the end of each district's regular academic school term. When phase one is implemented, DHS will specifically articulate what activities schools will be allowed to resume and what restrictions continue to apply, including how restrictions may apply to summer school programming.

***SUMMARY – IT IS UNLIKELY SCHOOL WILL REOPEN THIS SCHOOL YEAR. IN ADDITION, THE BADGER BOUNCE BACK PLAN MAY BE AMENDED TO CONTAIN ADDITIONAL RESTRICTIONS FOR SCHOOLS.***

**12- How many “elective” surgeries have been postponed or delayed during your Public**

**Health Emergency? Has there been any quantification of the economic costs of the delays to hospitals and patients? How many deaths have occurred because of these delays? To the extent you have any documentation, please provide it under Wisconsin's Open Records Law.**

**13- How many colonoscopies and mammograms have been forced to be cancelled because of our public health emergency? Given the typical rate of cancer discovery during colonoscopies and mammograms, how many people do you estimate have colon or breast cancer but are unaware because of a delayed or postponed colonoscopy or mammogram?**

We do not have this information, but will note that Safer at Home explicitly names health care services as essential. Safer at Home does not require the cancelling of elective procedures or appointments rather; in accordance with [federal CMS guidance](#) and in order to protect patients from COVID spread and conserve minimal PPE, providers have delayed non-essential services. On Sunday, [CMS advised providers](#) to phase-in re-opening of non-essential care.

***SUMMARY – THE GOVERNOR'S SAFER AT HOME DID NOT CANCEL "ELECTIVE SURGERIES". THE FEDERAL CENTER FOR MEDICARE AND MEDICAID SERVICES (CMS) RECOMMENDED DELAYING NON-ESSENTIAL SERVICES. CMS HAS NOW ADVISED PROVIDERS TO PHASE-IN REOPENING OF NON-ESSENTIAL CARE.***

**14- There is anecdotal evidence of the increase in suicides during the public health emergency. How many people have taken their own lives, or attempted to, since Emergency Order #12, and how does that number compare with the same time period last year?**

This data is not reported to DHS in real time. While we don't have data from 2019, I can tell you that the Department will be releasing an upcoming [report](#) entitled, Suicide in Wisconsin: Impact and Response. We expect this to be released sometime in mid-to-late May and this will include data from as recent as 2017.

***SUMMARY – WE DON'T KNOW, AND WON'T HAVE THAT INFORMATION FOR UP TO 2 TO 3 YEARS.***

**15- How many police calls for domestic abuse and child abuse have been made since Emergency Order #12, and how does that compare to the same time period last year?**

These are not data sets that are reported in real time either. As you know counties across the state handle child abuse cases, while we don't have all the data for the time period you are requesting, we have been hearing that on the child abuse side of things there has been a decrease in the number of cases being reported. This is most likely due to children not being around mandatory reporters. DCF has published and sent out to counties helpful guidance and tips to send out to essential workers on how to spot and report child abuse. While folks are staying home, we all have to step up to spot and report these crimes. We recognize this is challenging as we respond under the constraints of COVID-19.

***SUMMARY – WE DON'T KNOW ABOUT DOMESTIC ABUSE, BUT CHILD ABUSE REPORTING IS DOWN. BUT WE DON'T NECESSARILY BELIEVE THAT IS TRUE.***

**16- The evidence provided by your Department of Health Services finds that 84% of Wisconsin's COVID-19 cases and 85% of COVID-19 deaths come from 9 of Wisconsin's 72 counties, and that most of these counties are located in southeastern Wisconsin. What is the rationale for keeping the remaining 63 counties and 4 million people homebound and out of work given their miniscule infection rate?**

See Answer to questions #3-4

***SUMMARY – NO ANSWER ON REGIONALIZATION***

**17- President's Trump's plan to reopen the American economy allows for regionalization. Yours does not. Why does your plan not allow for regionalization?**

**18- President Trump's plan to reopen the American economy called for a 14-day downward trajectory in positive COVID-19 cases or a 14-day downward trajectory of positive COVID-19 tests as a percentage of total tests taken. Your plan, as you have repeatedly described it, requires 14 straight days of decreasing positive tests and a 14-day downward trajectory of positive COVID-19 tests as a percentage of total tests taken. Why require 14 straight days of decreasing positive tests instead of a 14-day downward trajectory?**

The Badger Bounce Back plan I announced this week outlines phases and important criteria for us to be able to reopen our economy, including steps to ensure our workers and our businesses are prepared to reopen as soon as it is safe to do so. The criteria we're using is based on the



Federal Gating Criteria and Core State Preparedness Responsibilities found in the President's Guidelines for Opening up America Again that was issued by the White House on April 16, 2020.

The Badger Bounce Back plan's gating criteria is clear:

- • Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period
- • Downward trajectory of COVID-19-like syndromic cases reported within a 14-day period
- • Downward trajectory of positive tests as a percent of total tests within a 14-day period

This is the same as President Trump's "Opening Up America Again" guidelines.

***SUMMARY - NOT ANSWERED***

**19- As of April 21, 2020, Wisconsin has tested 51,461 people in the last month. Your "Badger Bounce Back" plan requires 85,000 tests per week, more than 60% more tests per week as have been given total in the past month. Why did you decide on a total of 85,000 required tests per week?**

**20- Given the nationwide shortage of testing materials and capacity, when do you expect that Wisconsin will reach capacity of 85,000 tests per week?**

Yes, our goal of 85,000 tests/week or approximately 12,000 tests/day is a lofty one, but it is attainable. The state has grown the number of labs performing COVID-19 tests from just eight labs one month ago to 48 labs as of today. On April 20th, I announced we are using our public-private partnerships to bolster increasing testing capacity announced as part of our Badger Bounce Back plan, including:

- 11 National Guard teams serving a rapid response role in hotspots and underserved areas of the state will collect specimens for COVID-19 testing. The weekend of April 18th and 19th, one of those teams began using 1,100 Exact Sciences test supplies to offer testing to all inmates and staff at the Milwaukee House of Correction to help control the outbreak there. Starting on April 20th, two teams of citizen soldiers will also be staffing standup specimen collection sites at Milwaukee Health Services Inc.'s clinics on Martin Luther King Jr. Dr. and Silver Spring Road.
- The state is working with Tribal partners to ensure that their communities receive testing they need. Starting this week, 1,000 tests will be delivered per week to Tribal health clinics.

- Exact Sciences is devoting a significant portion of its lab capacity and resources to COVID-19 tests processing. This will enable them to provide the state with approximately 20,000 tests and processing each week, which will be distributed to health care systems throughout the State. This was a major effort by Exact Sciences undertaken in a very short amount of time.
- Epic is providing crucial assistance in our effort to distribute Exact Sciences' tests by providing the interoperability necessary to connect healthcare providers with Exact to ensure timely processing of tests and reporting of test results.
- Promega is providing major support by sourcing high demand reagents and materials for a number of labs in the state including Exact Sciences' lab. In addition to these materials, they've also shared equipment and provided invaluable problem-solving skills. They are a critical part of the supply chain in supporting expanded testing.
- This week, Marshfield Clinic Health System will be working on ramping up to process 10,000 tests per week from providers around the State.
- 2,200 test collection supplies and PPE have been sent to Green Bay in response to an outbreak with significant risk potential to the community. Having these tools is essential to the local health department and healthcare system response. We are continuing to partner with local and health stakeholders to establish community testing for employees and their families.
- In partnership with Exact Sciences and the Community Health Centers in Milwaukee, the state is supporting additional testing capacity. The Health Centers will work first with their patients, and as additional capacity becomes available, will broaden their outreach to support access to testing for others in need. Community Health Centers have networks within the community and with other social service organizations and will work through those channels to support additional testing.
- Wisconsin Diagnostic Labs provided much-appreciated support to the 16th Street Community Health Clinic drive-thru testing project. They're also expanding their capacity and offering help to clinical partners experiencing challenges with access to lab capacity.
- Through additional procurement efforts by the state, Wisconsin will be receiving over 250,000 additional test collection supplies in the coming weeks.
- We have set up a portal for hospitals and health systems to request additional testing supplies from the state to back up their current supplies so we can address their supply chain concerns and support the increased testing criteria.
- Over two weeks ago, the state expanded the criteria for recommendations on who should receive a test – now anyone who is COVID symptomatic should be receiving a test.

The state plans to continue public-private partnerships to add more labs and more testing capacity in the days and weeks ahead.

***SUMMARY – NOT ANSWERED, BUT WE'RE CONFIDENT THAT THE STATE WILL MEET THIS BENCHMARK SOON, AND WE ARE DOING ALL WE CAN TO REACH THAT BENCHMARK.***

**21- How many businesses does your administration estimate will be forced to close permanently due to the Safer at Home order? To the extent your office has written documentation, please provide it under Wisconsin's Open Records Law.**

**22- How many Wisconsin businesses have applied for the 2020 or PPP program, and how many employees are employed by those businesses?**

**23- How many jobs does your administration estimate will be lost due to the Safer at Home order? To the extent you have written documentation, please provide it under Wisconsin's Open Records Law.**

Using some numbers from the Wall Street Journal which estimated 29% of businesses had closed. Using that assumption, the following analysis was done of WI:

- Assuming 29% privately held establishments are shut down and assuming shutdowns are proportionately distributed across firm employment size, then 48,619 establishments are closed, affecting 724,362 employees.

- Using 724,362 out of work employees against the latest February LAUS workforce number of 3,109,100, yields an unemployment rate of 23.3%. If we add in the 108,900 unemployed in the Feb LAUS report, the UR becomes 26.8%"

Continued UI claims are 300k as of last week. Taken against the March labor force number yields 9.7% UR. Add in the previously unemployed of 106,700 and the UR goes to 13.2%. If UI initial claims average 7500 daily this week ( $7 \times 7500 = 52000$ ), the UR rate will go to 14.9%. Initial UI claims have peaked, but continued claims will continue to grow, so we expect the UR to climb. The UR figures we have, 3.4% SA, are from March and before C19 began to influence employment. We won't have another state UR until May 13, reflecting April activity. The U.S. rate increased from 3.8% in February to 4.4% in March. That figure will also rise as April data becomes available the first week in May.

WEDC with assistance from UW-Oshkosh recently conducted a survey that showed about 35% of businesses are worried about survival. You can read the full results [here](#). Economists and staff at the Department of Revenue, WEDC, and the SEOC continue to work on modeling and collect additional information to best understand the economic impact of COVID-19 and predict the continued impact in order to develop strategies to assist those businesses struggling.

While I do not have specific numbers on how many businesses have applied for the SB 20/20 program through the CDFIs, I can tell you that as of the beginning of this week CDFIs have assisted 405 companies with dollars through the program. CDFIs have pushed out \$3,678,700 of the 5,040,00 (sic) dollars WEDC awarded with more loans in progress. The CDFIs participating are Mitchell Bank, WWBIC, CoVantage Credit Union, First American Capital, Bay Bank, Impact Seven, Legacy Redevelopment Corp., and Milwaukee Economic Development Corporation. In terms of the PPP program and other federal assistance programs, I would refer you to the SBA and the other relevant agencies who administer those programs.

#### **SUMMARY –**

- ***APPROXIMATELY 49,000 EMPLOYERS ARE CURRENTLY CLOSED***
- ***APPROXIMATELY 725,000 PEOPLE ARE CURRENTLY NOT WORKING***
- ***THE UNEMPLOYMENT RATE IS NOT NECESSARILY REFLECTIVE OF THE NUMBER OF PEOPLE NOT WORKING.***
- ***A WEDC/UW-OSHKOSH STUDY ESTIMATED 35% OF ALL BUSINESSES WILL CLOSE PERMANENTLY IF SAFER AT HOME LASTS 3 MONTHS.***
  - ***NOTE – USING GOVERNOR’S MATH IN FIRST PARAGRAPH, THAT MEANS APPROXIMATELY 875,000 PEOPLE WILL LOSE THEIR JOBS – OR 28% OF ENTIRE WORKFORCE<sup>2</sup>.***

**24- You have closed 40 state parks. How many state workers are employed at those 40 parks, and how many have been furloughed since the parks have been closed? When will those parks reopen?**

Many state parks remain open: Amnicon Falls State Park, Brunet Island State Park, Interstate State Park, Kinnickinnic State Park, Lake Wissota State Park, Pattison State Park, Straight Lake State Park, Willow River State Park, Chippewa Moraine State Recreation Area, Brule River State Forest, Flambeau River State Forest, Governor Knowles State Forest,

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<sup>2</sup> 29% of business closed = 724,362 employees out of work = 2,497,800 statewide private employees. 35% of business fear for survival using same ratio = 874,230 employees without job

Chippewa Flowage, Totogatic Wild River, Mendard Island Resource Area, Pike Wild River, Pine-Popple Wild River, Turtle Flambeau Scenic Waters Area, Willow Flowage, Big Bay State Park, Copper Culture State Park, Copper Falls State Park, Council Grounds State Park, Governor Thompson State Park, Rib Mountain State Park, Menominee River State Recreation Area, Peshtigo River State Forest, Northern Highland- American Legion State Forest, Hartman Creek State Park, Heritage Hill State Park, Lost Dauphin State Park, Newport State Park, Peninsula State Park, Potawatomi State Park, Rock Island State Park, Whitefish Dunes State Park, Fisher Creek State Recreation Area, Point Beach State Forest, Buckhorn State Park, Merrick State Park, Mill Bluff State Park, Perrot State Park, Roche-A-Cri State Park, Wildcat Mountain State Park, and Black River State Forest. All of our state parks remain staffed and patrolled. Sen. Wanggaard as former law enforcement I am sure you can appreciate that our DNR wardens continue to stand ready to address a whole host of different emergencies from forest fires to flooding. Staff will also be repairing damages that occurred during unprecedented levels of use and fair amount of illegal behavior. Parks staff will be doing their normal summer prep work that needs to get completed to have properties ready to reopen with it is safe to do so.

***SUMMARY – THERE ARE OTHER STATE PARKS THAT ARE OPEN. WE HAVEN'T LAID ANYONE OFF BECAUSE THE PARK STAFF STILL HAVE DUTIES TO PERFORM EVEN WITH A CLOSED PARK.***

**25- How does prohibiting the use of public boat launches stop the spread COVID-19?**

Wisconsin's waters remain open for public use. Some public boat launches have been closed by the entities that own and operate them due to concerns with the lack of compliance with CDC guidelines on social distancing. Boat launches located within closed DNR properties are not currently open for public use. The Department made the decision to close boat launches at certain state properties due to the high usage and the need to limit public gatherings of people. The Department encourages boaters and anglers to use waterbodies close to home and in their community.

***SUMMARY – BOAT LAUNCHES IN CLOSED STATE PARKS ARE CLOSED. OTHER BOAT LAUNCHES WERE CLOSED BECAUSE THEY WERE TOO POPULAR AND SOCIAL DISTANCING WASN'T OCCURING.***

**These are not unreasonable questions. They are questions based on decisions you have**

**already made based on, in your words, “science.” We are asking to know the science behind those decisions.**

**We do not ask these questions as part of a political “game.” This is not a game to us, or to the millions of Wisconsinites impacted by your decisions. There are people literally afraid for their lives. Others are afraid for their livelihoods, their jobs, their neighbors and their way of life. They worry that Wisconsin may never recover from this pandemic.**

**We look forward to your response, prior to Monday, April 27, 2020. Thank you.**

If you have additional follow up questions or are looking for additional information, feel free to reach out to the appropriate state agency.

We all have to keep doing our part to (sic) so our families, our neighbors and our communities stay safe. Thank you again for your letter and sharing your thoughts with me. As we continue to respond to COVID-19, my administration will continue to share the most accurate and current information with you and your colleagues. Thank you again for reaching out to my office.